

Date: February 9, 2024

To: Bonnie Silva, Director, Office of Community Living, Colorado Department of Health Care Policy & Financing

From: Josh Rael, Alliance

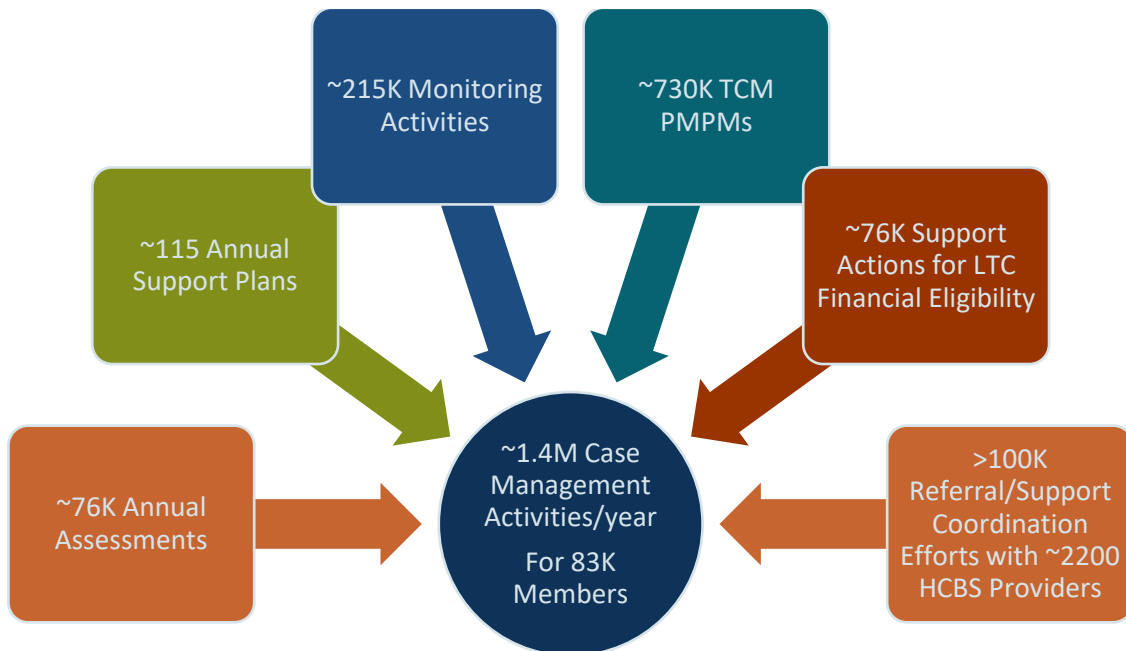
CC: Colorado Human Services Directors Association, Colorado Counties, Inc.,

RE: Urgent Long-term Care (LTC) System Stabilization Needs

Dear Director Silva,

In partnership with the Case Management Agencies (CMAs) across Colorado and building on the letter¹ you received on February 6, 2024, from Colorado Counties, Inc, and the Colorado Humans Services Directors Association, which Alliance signed onto, we are writing to underscore that LTC supports for many of Colorado’s most vulnerable citizens are at risk. While the Care and Case Management (CCM) system is a significant topic, there are additional factors at play, creating what we have been referring to as a “perfect storm.” This has the potential to cause long-lasting damage in our disability system.

As you may know, Colorado’s LTC Case Management System is a vital component of care for an estimated 83,000¹ members and stewarding ~45%² of annual expenditures for Colorado’s Medicaid system. For over 40 years, Case Management has been an essential support to improve the quality of health and social service delivery while supporting sound stewardship and person-centered outcomes. It is the lifeforce of care delivery, and it is in serious jeopardy.



We applaud the Department’s ongoing commitment to the long-term care system. The collection of case management redesign (CMRD) initiatives designed to enhance, expand, and strengthen home and community based supports (HCBS) in Colorado is both inspiring and needed.

¹ <https://hcpf.colorado.gov/2023-report-to-community>

² JBC Briefing (Eric Kurtz); P13, LTC programs “are an estimate 33% of total funds and 45% of GF expenditures for direct services....”

The 15 agencies awarded contracts for LTC CMA activities³ have been fortunate to be a part of the years-long planning process and are deeply committed to supporting the future of case management. Coming into CMRD, we and other CMAs were fiscally and operationally strong and, we thought, amply prepared to support ~1.4 million case management activities for 83K members served.

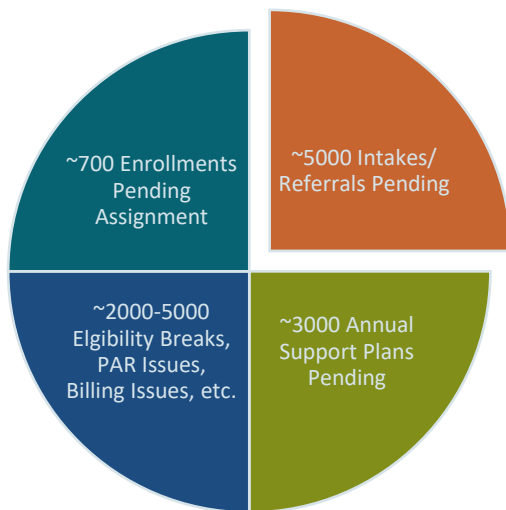
However, due to unprecedented challenges related to the implementation of the CCM system, the unwinding of the COVID-19 PHE, and shifts in CMRD, there is now system-wide instability which jeopardizes the future viability of case management to support this vibrant community.

Our outreach to you is the culmination of multiple efforts to drive home the seriousness of the current situation. We have shared feedback in a variety of settings and through many channels to help leaders in the Office of Community Living understand the obstacles—and their substantial impact—to completing case management activities. These concerns are especially impactful in the metro area, where volume amplifies the issues in many ways.

Related System Factors

- In the summer of 2023, the (unfinished) CCM was officially launched replacing legacy systems that had been used by case managers across the state for over twenty years (the BUS and, for I/DD, the DDDWeb).
- Just 4 months later, phase one CMRD transitions began. This encompassed over 60% of the total LTC members served. Despite hopes the CCM would make those transitions easier and more streamline, its implementation has produced daily disruptions in case management work and vastly diminished data validity. Those issues have caused or amplified interruptions in supports for thousands of members. Adding to operational pressures, access to DDDWeb was formally terminated about a month before go-live, preventing CMAs from utilizing it as a viable alternative to supporting critical day-to-day operations.

Essentially, the CCM is the most sizable obstacle to supporting members—work simply cannot be done effectively or efficiently (causing rising backlogs) and preventing billable (and thus reimbursable) activities. Across the front range, these are estimates on the impact to our members:



Time Investment Examples		
Activity	Before CCM	In CCM
Log note review to coordinate case work	5-15 min	30-45 min
Job Aide review + workaround	N/A	Adds 15-45 min per task
CSR Assessments	60-90 min	At least 3 hours

³ Solicitation RFP UHAA#2023000170

- Coupled with the PHE unwind and sizable eligibility backlog with our county DHS partners, members are experiencing delays, and more alarmingly, breaks in long-term care eligibility which puts their day-to-day supports at risk.

Developmental Pathways (DP) has agreed to share an agency-specific impact reportⁱⁱ dated February 2, 2024, to further illustrate the grave concerns we have about the numerous support categories affected by this “perfect storm” –all of which significantly and negatively impact members.

- All these factors put Case Management Agencies under extreme pressure and untenable financial duress. In a second impact reportⁱⁱⁱ privately provided by Developmental Pathways, dated February 9, 2024, examples on financial investments made and needed to sustain LTC work are representative of the impact along the front range.
- Due to the PHE and other factors, direct service providers were already struggling to hire and retain direct care staff. The additional obstacles related to LTC eligibility breaks, lapsed support plans, and the inability to receive payment for supports provided, is reducing revenues and cash flow unsustainably. As a result, providers are signaling the need to consider discontinuing waiver-funded supports entirely. This would be disastrous for members enrolled in LTC, many of whom already struggle to find willing and qualified providers. Losing providers at this juncture would strain the support system even further.

Priorities and Requests

- A. With our deep respect, we humbly and urgently request a meeting with you,** OCL leadership, and CMA leaders before 3/1/24 to discuss possible immediate and longer-term solutions, including options for financial relief to stabilize the system. As CMAs are holding conversations with the JBC and OSPB, we’d like that meeting to occur in advance of figure setting.
- B. A fully functional and operational CCM.** Until such time, regular updates and continued forward momentum on long-term solutions that simplify work for end users to effectively and efficiently support members. As a frame of reference, as of today, there are 29 known workarounds/interim solutions for more than 44 known issues being tracked by HCPF. Your full support in prioritizing funding and resources toward this goal is critical to supporting Colorado’s long-term care system. We would also be in support of return to the Benefits Utilization System (BUS) if that was our best first option.
- C. Clarity for the Colorado Disability Community on the systemic issues at play and what Colorado’s plan is to address them.** Currently, disinformation is rampant, with multiple players trying to educate and guide thousands of stakeholders who are beginning to feel a deep sense of desperation. We need unified, clear, messaging from our state partners. Our ask is iterative communication from the Department to all stakeholders (LTC members and their families, advocacy groups, HCBS providers, CMAs, etc.): First to communicate known issues and immediate solutions; then frequent ongoing communication as new solutions are implemented, and issues are addressed.

ⁱ **Attachment 1:** Alliance Colorado/ CCI / CHSDA Letter dated 2/6/24 RE: Urgent Concerns Regarding the Care and Case Management System (CCM)

ⁱⁱ **Attachment 2:** February Impact Report from Developmental Pathways dated 2/2/24 RE: CMRD/CCM Impact Concerns: How Systems Change is Impacting our Community, Our Workforce, and System Stability

ⁱⁱⁱ **Attachment 3:** February Financial Impact Report from Developmental Pathways dated 2/9/24: Financial Impact Report: Case Management Redesign (CMRD) / Care and Case Management (CCM) System